

DISABILITY INSURANCE ELECTIVE COVERAGE



A SAFETY NET FOR THE SELF-EMPLOYED

What will you do if you become ill or disabled?

The State of California's Employment Development Department (EDD) may have the answer that's right for you!

The Elective Coverage Program, administered by EDD, offers business owners and self-employed individuals the opportunity to protect themselves against loss of income due to injury, pregnancy, or illness, whether or not it is work-related.

Can you afford to be without disability coverage?

Consider the fact: You are six times more likely to be disabled than die at any age up to age 65.*

How long could you maintain your current lifestyle without an income?

Consider the benefit: A maximum of \$490 per week for up to 39 weeks.

Annual cost is less than one month of benefits!

The State makes no revenue on this plan. Premiums may be adjusted annually. The rates are based solely on the amount of benefits paid plus a small administrative charge.

**U.S. Dept. of Health and Human Services*

Some Requirements

- You must own your own business or be self-employed.
- You must be performing your normal duties on a full-time basis at the time your application is submitted.
- You must derive the major portion of your income from your trade, business, or occupation.
- Your business cannot be seasonal.
- You must stay in the program for two complete calendar years unless you discontinue your business or move out of California.

Benefit Eligibility

Generally, you must have this insurance coverage for at least seven months before you are eligible to file a claim.

If you are interested in more information about this program and would like an application, please call (916) 464-2500, or complete the attached form and drop it in the mailbox or visit EDD's website at:

<http://www.edd.ca.gov>

The California State Employment Development Department (EDD), is a recipient of federal and state funds, is an equal opportunity employer/program and is in compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

Special requests for alternate formats need to be made by calling (916) 654-8198.

Please send me more information and an application for Elective Coverage.

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Please have someone call me at () _____

Complete and mail this information to: State of California
Employment Development Department
Audit Section - MIC 94
PO Box 826880
Sacramento CA 94299-9880



Gray Davis
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STATE OF CALIFORNIA

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